

National Blue Beret

EMERGENCY NOTIFICATION INFORMATION & MEDICAL RELEASE FOR A MINOR

Dear Parent / Guardian and CAP Members,

Safety is of paramount importance within the Civil Air Patrol and the Blue Beret activity. We are diligent with safety precautions, meetings, briefings and inspections. However, accidents can occur, despite the most careful planning.

Accompanying this letter is a request for emergency contact information and a release for treatment. Please list those individuals we need to contact in an emergency situation. Please list not only home phone numbers, but work, cellular, pager and all other numbers as well. Should an emergency occur, we will attempt to notify you before any action is taken; however, if an event occurs which requires immediate attention and we are unable to contact you at the listed numbers, your signature on this release allows us to get emergency medical or dental treatment for your child.

Please list **all** allergies, illnesses, restrictions, special health care needs (diabetes, epilepsy, etc.) and all medications. All medicines, prescription or over-the-counter, that are brought to this activity must be in the original container with written instructions, and may have to be surrendered to the medical officer upon arrival. No unmarked medications, drugs, or alcohol may be in the possession of a cadet during any CAP related activity. No hazardous material or weapons will be allowed.

We would like to have your permission to administer over-the-counter medication (ie: Tylenol or a diarrhea/constipation remedy), if requested by your child or suggested by the medical officer.

If information changes between the time you submit this form and the activity, please submit an updated release; otherwise we will consider this returned form accurate and complete.

We appreciate your cooperation, understanding and assistance. Please return the completed form to the address provided NLT **25 June 2006**. If there is a concern, contact us. We agree to keep the provided information confidential and will release this data only when circumstances make it necessary.

Cadet's Name _____ CAPID # _____

Address _____ Phone # (____) _____

Parents/guardians name(s) _____

Physicians name _____ Phone # (____) _____

Insurance carrier _____

Insurance plan or group # _____

List any special health care concerns, restrictions, medical conditions, allergies, diseases or medicines/prescriptions used (i.e., allergic reactions, insulin dependent, food sensitivities):

The following over-the-counter medications may be provided:

Tylenol - ____ yes ____ no Aspirin - ____ yes ____ no

Over the counter medication for the following conditions may be provided:

Diarrhea - ____ yes ____ no Constipation - ____ yes ____ no

Provide first aid - ____ yes ____ no

Individuals to contact in case of emergency/alternate contact points: (ie., relatives, work #'s or persons that may know your whereabouts, pager/cellular #)

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/ We hereby authorize the Civil Air Patrol to provide transport and care for my son or daughter to any medical or dental facility or hospital for emergency or necessary care. I accept the financial responsibility for this treatment. This authorization continues in effect until cancelled in writing, a new and updated version of this form is submitted, or activity is completed.

Parent/guardian signature

Parent/guardian signature

Date